PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

01/2300-447

	CLAIMS AS FILED - PART I							0112300 777					
Γ	TOTAL CLAIN		(Colu			lumn 2)		TYPE	ENTITY	OF		R THAN L ENTITY	
	FOR		NIMADI	NUMBER FILED		40ED ===		RATE			RATE	FEE	
TOTAL CHARGEABLE CLAIMS						MBER EXTRA	11	BASIC FI	E 375.0	OF	BASIC FE	E 750.00	
INDEPENDENT CLAIMS			1 9	6 minus 20= *			1	X\$ 9=		OF	X\$18=	756	
MULTIPLE DEPENDENT CLAIM PRESENT							1 1	X42=		OR	X84=	252	
* If the difference in column 1 is less than zero, enter "0" in column 2] [+140=		OR	+280=		
	CLAIMS AS AMENDED - PART II							TOTAL		OR	TOTAL	1758	
_		(Column 1) (Column 2) (Column						SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT	r i i	HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Independent	*	Minus Minus	**		=	11	X\$ 9=		OR	X\$18=		
4	FIRST PRESENTATION OF MU					=		X42=		OR	X84=		
					02 (11)		' [+140=		OR	+280=		
							AD	TOTAL DIT. FEE		OR	TOTAL		
_		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									ADDIT. FEE		
AMENDMENT B	Total	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Independent	*	Minus	**		=	,	(\$ 9=		OR	X\$18=	FEE	
Č		* ENTATION OF M	Minus	***	1 4114	=		K42=			X84=		
			OLIN LE DEI	-ENDENT C	LAIM		+	140=		OR			
							<u> </u>	TOTAL		OR	+280=		
_		(Column 1)		(Column	2)	(Column 3)	ADD	IT. FEE L		OR A	DDIT. FEE		
		CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER PREVIOUS PAID FOR	T R SLY	PRESENT EXTRA	R		ADDI- IONAL	Γ	RATE	ADDI- TIONAL	
	Total	*	Minus	**	1	=	 	\$ 9=	FEE	-		FEE	
-	Independent	*	Minus	***		=	-			OR	X\$18=		
	THIST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT CL	AlM		X	42=	(OR	X84=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OPI TOTAL **OPI TOTAL													
*If	the "Highest Nur	nher Proviously	OLDI IN IUIS	SPACE is les	s than 2	20, enter "20."		T. FEE		OR AD	TOTAL DIT. FEE		
	J • • • • • • • • • • • • • • • •	ber Previously Paid	ror (lotal or	independent) i	is the hi	ghest number f	ound in	the appro	priate box i	n colum	n 1.		